

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593386

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		2		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		2	1			
8		2		1		
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12		2		1		
13		2		1		
14	1		1			
15		1		1		
16		3		1		
17		3		1		
18	1		1			
19		1		1		
20		1		1		
21		4		1		
22		4		1		
23	1		1			
24		1		1		
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45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						